

BEST AVAILABLE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107088487	FILING DATE 28 SEP 2002				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/				51						
2		/	/			52						
3		/	/			53						
4		/	/			54						
5		/	/			55						
6		/	/			56						
7		/	/			57						
8		/	/			58						
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12		/	/			62						
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14		/	/			64						
15		/	/			65						
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17		/	/			67						
18		/	/			68						
19		/	/			69						
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43		/	/			93						
44		/	/			94						
45		/	/			95						
46		/	/			96						
47		/	/			97						
48		/	/			98						
49		/	/			99						
50		/	/			100						
TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						